

1 BUILDING 8 PIPING PLAN  
1/8" = 1'-0"

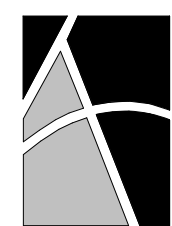
100% OWNER REVIEW  
NOT FOR CONSTRUCTION  
12/16/2011



**RSP Architects**  
1220 Marshall Street NE  
Minneapolis  
Minnesota 55413-1036  
612.677.7100  
612.677.7499 fax  
www.rsparch.com

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**ARRAY**  
healthcare facilities solutions

CONSULTANTS:

**Structural**  
Van Sickle, Allen & Assoc.  
2955 Xenium Lane N  
Suite 10  
Plymouth, MN 55441

**Civil**  
EVS  
10250 Valley View Road  
Suite 113  
Eden Prairie, MN 55344

**Landscape**  
Damon Farber Assoc.  
923 Nicollet Mall  
Minneapolis, MN 55402

**Fire Protection**  
Gary Travinski Associates  
Engineering  
94 Boston Hill  
Larkville, PA 18651-3298



**DUNHAM**  
Dunham Associates, Inc.  
60 South Park Street / Suite 100  
Minneapolis, Minnesota 55402-1000  
phone 612.444.7000  
fax 612.444.7001  
www.dunhaminc.com  
mechanical & electrical  
consulting engineering  
TOWNSHIP OF PLYMOUTH

I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.

Signature \_\_\_\_\_

Registration No. \_\_\_\_\_

Date 11/17/2011

|                                    |      |                                   |      |
|------------------------------------|------|-----------------------------------|------|
| APPROVED: SERVICE LINE DIRECTOR    | DATE | APPROVED: INFECTION CONTROL NURSE | DATE |
| APPROVED: GEARS COORDINATOR        | DATE | APPROVED: PATIENT SAFETY          | DATE |
| APPROVED: PROJECTS SECTION MANAGER | DATE | APPROVED: CHIEF OF POLICE         | DATE |
| APPROVED: DIRECTOR FWS             | DATE | APPROVED: SAFETY MANAGER          | DATE |

|   |      |
|---|------|
| DRAWING TITLE<br>BUILDING 8 PIPING PLAN |      |
| APPROVED: CHIEF OF STAFF                | DATE |
| APPROVED: MEDICAL CENTER DIRECTOR       | DATE |

|   |                                   |
|---|-----------------------------------|
| PROJECT TITLE<br>LONG TERM / INTERMEDIATE<br>PSYCHIATRIC UNIT |                                   |
| BUILDING NO.  | DM                                |
| LOCATION  | 4801 VETERANS DR. SAINT CLOUD, MN |

|                            |
|----------------------------|
| DATE<br>12/16/2011         |
| PROJECT NO.<br>2032.001.00 |
| DATE FILE<br>11/16/2011    |
| DATE<br>11/16/2011         |



**VAMC** SAINT CLOUD MN